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SWAFFHAM URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

together with the

R E P O R T

of the

PUBLIC HEALTH INSPECTOR

1 9 5 9

S T A F F

Medical Officer of Health: Norman T. V. Pover, D.P.H., L.R.C.S., L.R.P.P.S.  
Public Health Inspector: John Miles, M.Inst.H.E., C.R.S.I.

COMMITTEES concerned with matters of PUBLIC HEALTH.

Finance and General Purposes Committee.  
Housing Committee.  
Housing Investigating Committee  
Roads and Sanitary Committee.  
Water Supplies and Sewerage Committee

GENERAL STATISTICS.

Area in acres .. ..	7,592
Population (estimated at mid-year by Registrar General) .	3,150
Number of Inhabited Houses ..	1,123
Rateable Value.. ..	£35,552
Product of 1d Rate .. ..	£135





SWAFFHAM URBAN DISTRICT COUNCIL

ANNUAL REPORT OF MEDICAL OFFICER OF HEALTH 1959

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1959.

The health of the community depends on conditions which are related to current economic and social circumstances. With changes in living standards new health problems arise and old problems lose their importance or acquire new significance. By way of illustration let us consider the changes which have taken place during the last fifty years.

At the beginning of the century, life expectancy was fifty years for men and fifty-three for women, - in 1955 the corresponding figures were sixty-eight and seventy-eight. One third of the causes of death were due to infectious disease; today, the proportion is less than one fifteenth. In 1938 there were 311 deaths from scarlet fever and 2861 deaths from diphtheria. In 1958 the number of deaths from both diseases was 12. To take a more recent example, there were 2383 deaths from whooping cough in 1941 compared with 27 in 1958.

At the beginning of the century, the danger to the health of the community arose chiefly from recurrent outbreaks of water-borne infectious diseases such as cholera and typhoid, originating from the insanitary conditions so prevalent at that time. These were replaced by diseases resulting from inadequate nutrition such as rickets which has almost disappeared since the advent of the Welfare State. To-day the important social illnesses are Peptic Ulcer, Coronary Thrombosis, Diabetes and a variety of neuroses, - in other words, illnesses which are known to be associated with stress, which is what we would expect when we consider the increased tempo of life to-day compared with years ago.

The early Medical Officers of Health were often Consultants in Infectious Disease Hospitals, because it was thought that their specialised knowledge would be most useful to the community. With the passing by Parliament of numerous Acts aimed at improving social welfare, the duties of the M.O.H. have increased to embrace a much wider field. In fact, he has recently been defined as a "Consultant in Omniscience."

To-day, life is more complex and fast, more alcohol and tobacco are consumed, and the standard of living for most people is better than even before, as shown by the increasing number of cars on the roads, T.V. sets in the home and the increasing amounts of H.P. commitments taken out by the public.

What then are the community problems of to-day? Many would seem to arise directly from this increased prosperity, and from an undue emphasis on the importance of materialistic values to the exclusion of all others.

Juvenile Delinquency has increased from 13,000 cases in 1913 to 38,000 in 1956, and the eight deaths from diphtheria which occurred in 1958 equals the number of people killed by violence every three hours of the day and night in England and Wales. Why should there be this emphasis on violence? There would appear to be a lack of discipline and of self denial, a tendency to do less and less work for more and more pay. The cry to-day is for more leisure. What is the use of this leisure if it cannot be put to proper use? We all know of the tradesman or odd-job man who is prepared to use his leisure time doing a variety of jobs to earn extra money. Such activity defeats the whole purpose of leisure, which should be a change mentally and physically from everyday work.



Good food in plenty, adequate shelter and clothing, congenial work and a sense of security play a most important part in the promotion of health, but it is a mistake to imagine that the Welfare State is the complete answer to every problem. To-day, more housewives than ever before are going out to work, and while there can be no doubt that in some cases this is a necessity, there are many more where the additional income is used in an attempt to "Keep up with the Joneses". Sooner or later someone must suffer, and, in my opinion, where there are children that "someone" is always the child. No substitute can replace the position of the mother in her home, and no job can compete with the satisfaction of running a happy home. Children require security and affection in addition to material care. The child returns to an empty house, there is no-one to listen to his tales of the day, and the housewife, rushing home from work, often weary and dispirited, has only time to prepare a quick snack instead of good family meals.

Much has been said about the dangers of T.V. In my opinion, the great danger of T.V. is its insidious ability to stifle individual thought and activity. The human brain often has an inherent laziness. Most of us know how much easier it is to read a sensational Novel than an Advanced Text Book, but once the initial effort has been made, the process of learning becomes more easy, and, just as an athlete can train his muscles to reach peak condition, so can the brain be trained to reason and memorise. Vision is the easiest form of impression, and while some T.V. programmes are educational, there is no doubt that the majority are designed to stifle all individual constructive thought. This has been defended on the grounds that they have public appeal, a sad reflection on the intellect of the public.

There has been a similar change in the causes of mortality of the younger age group. Infectious and respiratory diseases which were the main cause of death 50 years ago have been reduced and replaced by congenital and hereditary defects and various forms of heart disease whilst in adolescence. Typhoid and Tuberculosis have been replaced by Accidents on the roads and at home. In 1959 there were 6,026 deaths from road accidents and 4,558 deaths from various other accidents, compared with 5,439 and 4,613 in 1958. Accidents kill more children over 1 year old than any disease in Western Countries. The main causes of accidents in the home are :-

1. Falls, chiefly among the elderly.
2. Poisoning.
3. Burns.
4. Suffocation, especially of children under 5 years.

This usually results from the use of plastic bags and bibs which are accidentally inhaled. They become adhesive when moist and obstruct the respiratory tract. Some deaths are caused by allowing babies to feed themselves from a bottle. The feed is regurgitated and passes into the respiratory passages. Many accidents result from the use of electric fires and linoleum which becomes wet and slippery in bathrooms. Mirrors over fireplaces are also dangerous. All fires should have a guard; Medicine and household poisons should be kept under lock and key, and electrical repairs left to experts.

The National Death Rate for various forms of Cancer has again increased from 19,820 in 1958 to 21,063 in 1959, of which 13,181 were men and 2,882 women. We do not know the reasons for this increase, some of which is undoubtedly due to better methods of diagnosis. In 1957 the Medical Research Council issued a statement on "Tobacco Smoking and Cancer of the Lung", in which the main conclusions were as follows :-

1. There has been a great increase in the past 25 years in the deaths from lung cancer in Great Britain and other countries.
2. A Small proportion of the increase can be attributed to specific industrial hazards.

3. A small proportion of the increase can be attributed to atmospheric pollution.
4. The major part of the increase is associated with tobacco smoking, especially cigarettes.
5. Several carcinogenic substances have been identified in tobacco smoke.

The age groups 45 to 64 have the highest mortality.

In addition, recent work has shown that women who smoke heavily during pregnancy have smaller babies than those who abstain.

### Coronary Thrombosis

This is the great epidemic disease of modern times. There were 84,920 deaths in 1959, of which 52,192 were male and 32,728 female, compared with a total of 84,041 deaths in 1958. It has a special importance in that it often kills men at the height of their careers. The disease is more common among the overweight, sedentary, professional and executive class. Investigations have shown a relationship between coronary thrombosis and lack of exercise. It was found that the incidence of the disease was more common in 'bus drivers than in 'bus conductors, who are on their feet all day. It is well known that patients confined to bed, especially after surgical operations, tend to get thrombosis of the veins in the leg. One of the factors involved would appear to be an increase in the blood viscosity due to lack of exercise. A common example of the "Coronary type" is the overweight, overworked executive who rides in his car to the office, sits at his desk all day, has a heavy "expense account" luncheon, then rides back to his home. Probably he is a heavy smoker and drinker. Part of the increase in cases of coronary thrombosis is undoubtedly due to the increasing number of car owners who use their car on the slightest pretext. Where possible, the car should be left in the garage, and the owner should walk to work, then obtaining regular exercise which increases blood circulation and lessens the risk of clotting.

Much has been said about the relationship of coronary thrombosis and the excess consumption of animal fat. The exact relationship has not yet been proved, but it is of interest to note that the Israelites were forbidden to eat no manner of fat, "of ox, or of sheep or of goat". (Leviticus Chap. 7, verses 22-24).

Regular exercise and moderation in diet would appear to be the best way of reducing the incidence of coronary thrombosis.

### Food Poisoning

Although general outbreaks tend to fall, family outbreaks (same family), are still high throughout the country.

There is now a wide variety of processed foods available, prepared under excellent conditions in modern factories, but they require intelligent handling and storage. Foods which do not require cooking can easily become contaminated, and it is important to read the instructions on the labels of foods which have been processed or partly prepared, as the directions are related to the amount and kind of treatment it has had, and the storage it needs. Special care is required in summer regarding the length of storage. Bacteria multiply quicker in warm weather, and the food may appear wholesome to all intents and purposes.

The most important preventative measure is handwashing before handling food. Food should never be left in a warm kitchen or warm oven to cool slowly. It should be protected against flies, which circulate between food, faecal matter and refuse, carrying myriads of bacteria on their feet. Diseases carried by flies include diarrhoea, poliomyelitis, typhoid and dysentery.



Wounds and sores should be covered by a waterproof dressing to prevent bacteria from such wounds reaching food, which provides an ideal culture medium.

The time is approaching when a refrigerator should be regarded as a necessity and not a luxury.

3 cases of food poisoning in Swaffham Urban District were reported during the year.

### Pulmonary Tuberculosis

There has been a marked decrease in the number of deaths from this disease in England and Wales. In 1950 the number of deaths from this disease was 14,079, and in 1958 the corresponding number of deaths was 3,999.

With advances in chest surgery and chemotherapy, tuberculosis is becoming the least serious of the chronic diseases. A personal experience may illustrate this change. In 1952 I worked at a large sanatorium in the North West. The waiting list for a bed, apart from emergency cases, was then approximately nine months. When I left, in 1954, there was no waiting list, and I understand that now many of the wards are being used to treat other chronic chest conditions. However, the list of notifications continues to be high, due in some measure to the increasing number of chest X-rays being taken for various purposes. The main problem to-day is the detection of the undiagnosed pool of chronic tuberculous people, especially elderly males, who are often regarded as "Chronic Bronchitics". Miniature Mass Radiography and Community X-ray surveys plan an important part in finding these cases.

During the year, a scheme of B.C.G. Vaccination of school leavers was carried out in the area. Briefly, the scheme involves a preliminary injection to determine which group are considered to be susceptible to tuberculosis. This group is then offered further vaccination with an attenuated vaccine.

The vaccine is also offered to all tuberculin negative contacts of known cases by chest physicians.

Details of B.C.G. scheme in Health Division 6 are given below :-

Total number eligible	1,212
Number tested	356
Number vaccinated	269
Acceptance rate	29.5%
% requiring vaccination	75%.

### Number of cases on the register during the past three years

Year	Respiratory T.B.			Non-Respiratory T.B.			Grand Total
	Male	Female	Total	Male	Female	Total	
1959	7	-	7	-	-	-	7
1958	5	-	5	-	-	-	5
1957	5	-	5	-	-	-	5

3 Male cases of Pulmonary Tuberculosis were notified for the first time in 1959.

## Infectious Diseases

During the past year, the number of cases of poliomyelitis notified in England and Wales has shown a welcome decrease. No cases were notified in Swaffham Urban District. This reduction is even more satisfying after the exceptional summer of last year when conditions for the multiplication of the virus could have been considered to be most favourable. Whilst it is early to calculate all the factors responsible for this reduction, immunisation against poliomyelitis undoubtedly plays an important part. The immunisation figures for diphtheria and smallpox continue to be disappointing. Nowadays, as a result of press publicity, poliomyelitis and tetanus have acquired a certain notoriety and diphtheria and smallpox have been relegated to a place in the background. In my view, this is misinterpretation of facts. No one of these diseases is more important than the other; granted diphtheria and smallpox are rare, but rarity is a direct result of immunisation measures. Once the immunity level of the population falls, diphtheria can return, and there is no more serious illness in a child. 34 cases were notified in England and Wales in the quarter ending 31st December, 1959. Tetanus is still a very rare disease; for example, in 1957 there were 19,028 deaths from cancer of the lung, and only 46 deaths from tetanus in England and Wales. In Norfolk, which has a high ratio of incidence in proportion to other parts of the country, there was one case of tetanus per 65,000 population. Smallpox is kept under control by strict vigilance at air and sea ports, and by vaccination of all known contacts.

The conclusion is obvious. Immunisation to be complete must include protection against diphtheria, whooping cough and smallpox and not only those diseases which reach the news headlines.

Immunisation is painless and without after-effect. Each of the 3 injections required confers protection against tetanus and whooping cough, which is still a serious childhood disease; 178 cases of infectious disease were notified in Swaffham Urban District in 1959. Details are given in Table XI.

## Milk and Dairies Regulations 1949

Since 1957 the district has been a specified area in which only specially designated milk may be sold, i.e., pasteurised, tuberculin tested or sterilised milk but there is always the possibility that milk from untreated cows may be drunk by the owners or their employees or members of their families. Vice versa, milk can be infected by milkers, and it is important that the health of the milkers should be satisfactory. Milk produced under clean conditions can transmit many diseases such as tuberculosis, scarlet fever, typhoid fever, dysentery and undulant fever; the latter, known also as Brucellosis, can cause prolonged illness and absence from work, although the mortality is low. Officers of the County Public Health Department carry out routine bulk samplings of herds and milk from an infected animal has to undergo some form of heat treatment, which kills the responsible organisms before being allowed for sale.

## General Administration of the Health Services

Thetford Municipal Borough, Swaffham Rural and Urban Districts and Wayland Rural District together constitute Health Division No. 6 for the purpose of carrying out these duties, which are the responsibility of the Norfolk County Council under Part III of the National Health Service Act. Such services include the following:-

- The care of Mothers and Young Children.
- Vaccination and Immunisation.
- Home Nursing and Midwifery.
- Domestic Help.
- Mental Health.



Some services are the responsibility of the Area Medical Officer, who is also responsible for certain duties under the Education Act, and who, in addition, is Medical Officer of Health to the four County District Councils. The Local Health Office is at Tanner Street, Thetford. (Telephone Number THETFORD 3286). There are nine Health Visitors and nine Midwives, who attend 16 centres throughout the area (details can be obtained from the local health office). A doctor attends clinics where there is an attendance of 25 or over.

#### Vaccination and Immunisation

This is carried out by the County Health Authority and by Local General Practitioners.

Some figures giving details of immunisation against poliomyelitis may be of interest.

<u>Age Group</u>	<u>Number of persons vaccinated with three doses (to 31.12.59).</u>
Pre-school children	882
School children	5,306
Expectant Mothers	210
15 - 25	<u>466</u>
TOTAL (Health Div. No. 6)	<u>6,858</u>

#### Ambulance Service

This is operated by the St. John Ambulance Brigade and the British Red Cross Society, by arrangement with the County Council.

#### Mental Health - Administration

Welfare Officer : Mr. S. J. Dodman.

#### National Assistance Act, (1948)

No cases were dealt with under Section 47 of the Act.

#### Welfare Services (administered by Norfolk County Council)

##### OLD PEOPLE'S WELFARE

##### Old People's Clubs

There are now eight Old People's Clubs within the Swaffham Urban and Rural Districts, Ashill, Bradenham, Hilborough, (including Bodney and Great Cressingham), Holme Hale, Necton, North Pickenham, Sporle and Swaffham. These Clubs are run by voluntary Committees, and are all affiliated to the Norfolk Old People's Welfare Committee, to which the Norfolk County Council makes an annual grant. All the clubs, apart from initial grants from the N.O.P.W.C. and National O.P.W.C. are largely self-supporting. Continual efforts are made to form Clubs in other parishes, the main difficulty being a lack of people willing to form a committee. Even in these parishes, local organisations are often responsible for arranging summer outings and Christmas Parties for the older residents.

#### Chiropody

For the past three years, through the good offices of the Swaffham Urban District Council, and officials of the Swaffham Old People's Club, it has been possible to arrange regular treatment for members of all clubs in the area. A grant of 2/6d per treatment is made by the Norfolk County Council. This was the first scheme of this nature run on an area basis in the County, and has proved really beneficial.



## Hostel and County Home Accommodation

There is an ever increasing demand for this type of accommodation. Initial applications and medical recommendations are obtained by the Local Welfare Officer for transmission to the County Social Services Officer, who is responsible for the allocation of vacancies.

## MENTAL HEALTH

Since 1948 the Local Welfare Officers, in their capacity as Duly Authorised Officers, have worked in close co-operation with the Mental Hospitals serving the area. Duties include the completion of Social Histories on admission, Follow-up Reports and After Care visits. The Swaffham district comes within the catchment of St. Andrews Hospital, Thorpe, for all Lunacy and Mental Treatment Act Cases, whilst Mental Deficiency Act cases are normally admitted to Little Plumstead Hospital.

An increasing number of patients are now admitted to hospital under an "Informal Basis", although until the full implementation of the Mental Health Act 1959 certification in the old sense is still possible. The Mental Health Act 1959 embodies both Lunacy, Mental Treatment, and Mental Deficiency Acts, and when fully implemented will involve new procedure and terminology.

Psychiatric Social Clubs have been formed at Norwich and King's Lynn, where ex-patients can meet in a happy social atmosphere as a further step towards complete rehabilitation in the community.

Increased provision for the care and training of Mentally Handicapped children has been made. Facilities now exist for children to attend the Junior Training Centre at King's Lynn, Swaffham Day Occupation Centre, and the Adult Social Group at Watton, whenever suitable. In addition, Home Teachers are available to instruct children and adults in their own homes, whilst the Local Welfare Officer makes periodic visits to advise and assist in any problems arising. In a number of cases temporary care has been provided to enable parents to take a holiday, or where an unexpected emergency has arisen.

## HOME HELP SERVICE

This service has had an increasing demand since 1948, and there are now approximately 47 cases receiving the assistance of Home Helps in the Swaffham area (Swaffham alone 15), and 28 Home Helps employed. This is not a domestic service, and is only provided where some medical necessity exists. The provision of this service does in many cases enable the householder to carry on in his/her own home, where otherwise hospital or other accommodation would be necessary.

## WELFARE OF PHYSICALLY HANDICAPPED

The Swaffham St. Raphael Club for Physically Handicapped Persons, formed in March 1956, continues to flourish and now has a membership of 70. The voluntary committee, representative of many organisations in the town, has had the invaluable support of the Swaffham Rural District Council, Urban District Council and their Officers, besides tremendous support from individuals and local organisations. In addition to the many social activities, which have included seaside holidays subsidised by the Norfolk County Council, considerable progress has been made in the field of Occupational handicrafts. A Further Education Class, provided by the Norfolk Education Committee, resulted in several members being trained successfully in the art of net making, which they now carry out in their own homes.

## GENERAL WELFARE

The Local Welfare Officer is always available to advise and assist in matters of general welfare, and has a "Contact Point" at Swaffham Town Hall every Wednesday afternoon. Close liason is kept with all branches of social service such as Ministry of Pensions and National Insurance, National Assistance Board, Regional Hospital Boards, voluntary organisations, etc. Where it is not possible to give direct help or advice the problem can often be diverted to the proper authority.

An extremely wide field of welfare is involved, including amongst others, family problems, marital breakdowns, threatened evictions, problem families, etc.

### The Future

At the beginning, I attempted to show very briefly the changes which have taken place in Public Health during the past 50 years. What are the problems of the immediate future?

1. Firstly, I think the change in age structure of the population will be a major problem. There are now three million more persons over 70 than in 1900, and by 1975, according to the Registrar General, the number of persons over 65 will have increased by two million, and will represent 1 in 7 of the total population. 13% of males and 17% of females over 65 years are aged 80 and over. Loneliness is one of the main problems. 400,000 old persons were living alone in 1951. The re-housing of younger members of the community makes it difficult for them to visit or to live near their aged relatives. Many elderly persons require nursing and domestic help from the community. Old Age Pensioners can be classified in three main groups :-

- (a) Those able to look after themselves.
- (b) Those requiring a certain amount of help.
- (c) Those confined to bed.

The main illnesses affecting the elderly are arthritis, circulatory troubles, malnutrition and mental deterioration.

### 2. Radioactivity

After every series of atomic explosions there is a rise in the atmospheric content of radioactive substances, especially of strontium 90. This is carried as dust by air currents and deposited on grass, from there to milk and from milk to humans. Prolonged exposure to radiation is known to cause certain diseases, c.g., leukaemia and some bone tumours. The danger is that we do not know the minimum threshold dose. Radiation injury is the only known injury that can be passed to descendants.

Radio active contamination is not mentioned in the Food and Drugs Act of 1955, which is the main Act dealing with Food Hygiene standards, although the Radio active Substances Act, which received the Royal Assent in June 1960, requires, among other things, registration of all users of radioactive materials and of premises where such materials are kept.

### 3. Noise

It is scarcely necessary for me to draw your attention to the alarming increase in noise during the past years. Our ears are assailed on all sides by a variety of noises from industries, road traffic and aircraft.



Continued exposure to noise often leads to deterioration in hearing. In the United States, hearing loss due to industrial noise has been admitted as a proper claim for compensation. It is always difficult to prove that a certain noise is prejudicial to health. Proper planning is part of the answer, and noisy industries should be sited away from housing sites.

In conclusion, I would like to state that many of the details given in this report represent many hours of work by the Staff of the Public Health Department of the Council, and of the Local Health Office in Thetford, and I take this opportunity of expressing my thanks for their effort and co-operation.

I have the honour to be,  
Ladies and Gentlemen,  
Your obedient Servant,

N. T. POVER,

Medical Officer of Health

#### Summary of Vital Statistics

Estimated mid-year population was 3,150, an increase of 50 over the previous year.

55 live births, of which three were illegitimate, were registered during the year, compared with 61 in 1958.

The Birthrate was 17.2 per 1,000 population, compared with 19.7 in 1958. (That for England and Wales was 16.5).

No stillbirths were registered during the year.

The total number of deaths, 35, shows a decrease of 9 over the previous year, and gives a death rate of 10.9 per 1,000 estimated population. (That for England and Wales was 11.6).

There were no infant deaths under 1 year, and no Maternal deaths. The Birthrate was, therefore, somewhat higher and the Death rate lower than those for the remainder of the country.

TABLE 1                      Comparability Tables for 1959

	<u>England and Wales</u>	<u>Norfolk</u>	<u>Swaffham U.D.</u>
Birthrate per 1,000 population	16.5	<b>17.06</b>	17.2
Stillbirthrate per 1,000 total births	20.9	<b>20.9</b>	0.0
Deathrate per 1,000 population	11.6	<b>11.86</b>	10.9
Infant Mortality rate per 1,000 live births	22.2	<b>19.01</b>	0.0

<u>Vital Statistics</u>	<u>1959</u>	<u>1958</u>
Estimated Mid-year Population by Registrar General	3150	3100
Area (in acres)	7592	7592
Number of inhabited houses	1123	1116
Rateable Value	£33552	£33237
Product of Penny Rate	£135	£131

## BIRTHS

TABLE II                      Live Births

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	23	29	52
Illegitimate	2	1	3
	25	30	55

The Birthrate per 1,000 estimated population	..	17.2
" " " " " " " "		
(England & Wales)	..	16.5
The comparability factor, the ratio of the national to local fertility index	..	1.03
% of illegitimate live Births to total live Births	..	5.4

TABLE III      A summary of the population, births and birthrates and stillbirths during the past five years is given in Table III.

	1959	1958	1957	1956	1955
Estimated Population	3150	3100	3110	3070	3040
Total Births	55	61	55	58	53
Birthrate per 1,000 population	17.2	19.7	17.7	18.9	17.4
Total Stillbirths	0	0	0	0	0
" " per 1,000 estimated population	0	0	0	0	0
" " per 1,000 total births	0	0	0	0	0

Infant Mortality (deaths of children under 1 year)

Infant Mortality Rate .. .. .	0
Legitimate infant death rate per 1,000 legitimate live births .. .. .	0
Illegitimate death rate per 1,000 legitimate live births.. .. .	0
Illegitimate death rate per 1,000 illegitimate live births .. .. .	0
Neonatal Mortality rate (deaths under 4 weeks per 1,000 total live Births) .. .. .	0
Early Neonatal Mortality rate (deaths under 1 week per 1,000 total live Births). .. .. .	0
Perinatal Mortality Rate (Stillbirths and deaths under 1 week per 1,000 total live and still births) .. .	0

TABLE IV      Infant Deaths and Infant Mortality Rate for Staffham  
Urban District during the past five years.

	1959	1958	1957	1957	1956
Total No. Infant Deaths under 1 year of age	0	0	0	2	0
Infant Mortality Rate per 1,000 births	0	0	0	34.5	0



There has been a steady decline in the Infant Mortality Rate from 138 at the beginning of the century to 22.0 in 1959 for England and Wales. It differs from the general death rate in that it is related to a single age group, that of infants under 1 year, and is an important measure of the health of the community and it's social environment.

# MORTALITY

TABLE V

Gives details of the deaths and deathrate for Swaffham Urban District during the past 5 years.

	1959	1958	1957	1956	1955
Total Deaths	35	46	42	47	41
Deathrate per 1,000 . population	10.9	14.8	13.5	15.3	13.5

TABLE VI

Gives the causes of death and sex distribution for 1959 (from the Registrar General's Short List).

Registrar General's List No.	Cause	Male	Female	Total
1.	Tuberculosis, respiratory			
2.	Tuberculosis, other			
3.	Syphilitic disease			
4.	Diphtheria			
5.	Whooping Cough			
6.	Meningococcal infections			
7.	Acute Poliomyelitis			
8.	Measles			
9.	Other infective and parasitic diseases	1		1
10.	Malignant neoplasm, stomach		1	1
11.	Malignant neoplasm, lung bronchus	2	1	3
12.	Malignant neoplasm, breast		1	1
13.	Malignant neoplasm, uterus			
14.	Other malignant disease	1		1
15.	Leukaemia, aleukaemia			
16.	Diabetes			
17.	Vascular lesions of nervous system	1	7	8
18.	Coronary disease, angina	4	1	5
19.	Hypertension with heart disease		3	3
20.	Other heart disease	1	1	2
21.	Other circulatory disease	2	1	3
22.	Influenza	1		1
23.	Pneumonia		2	2
24.	Bronchitis			
25.	Other diseases of respiratory system			
		17	18	31

TABLE VI CONTD

Registrar General's List No.	Cause	Male	Female	Total
26.	Ulcer of Stomach and duodenum	13	18	31
27.	Gastritis, enteritis and diarrhoea	1		1
28.	Nephritis and nephrosis			
29.	Hyperplasia of prostate	1		1
30.	Pregnancy, childbirth, Abortion			
31.	Congenital malformations			
32.	Other defined and ill-defined diseases		2	2
33.	Motor vehicle accidents			
34.	All other accidents			
35.	Suicide			
36.	Homicide and operations of war			
		15	20	35

It will be seen from the table that the highest number of deaths were related to cardiac and circulatory diseases, malignant diseases and vascular diseases of the Central Nervous System, which agrees with the National figures.

The death rate per 1,000 estimated population .. .. 10.9  
 " " " " " (England & Wales) .. .. 11.6

The comparability factor, the ratio of the national to the local mortality.. .. 0.78

TABLE VII

Gives details of the number of deaths in the Swaffham Urban District according to Age Groups.  
 (From returns submitted by the District Registrar).

Age Group	Male	Female	Total
Under 1 year			
1 year and under 5			
5 yrs. and under 10			
10 yrs and under 20			
20 " " " 30			
30 " " " 40			
40 " " " 50			
50 " " " 60	2	1	3
60 " " " 70	2	1	3
70 " " " 80	7	10	17
80 " " " 90	4	7	11
90 and over		1	1
Total	15	20	35



TABLE VIII

Gives details of the number of deaths from certain selected causes classed to age groups.

CAUSE	AGE GROUP										TOTAL
	5/ 10	10/ 20	20/ 30	30/ 40	40/ 50	50/ 60	60/ 70	70/ 80	80+	90+	
Road accidents											
Coronary Thrombosis							2	3			5
Cancer of Lung							1	1	1		3
Cancer, other sites								3	1		4
Pneumonia and Bronchitis								2			2
Vascular diseases C.N.S.							3	3	1	1	8
Influenza									1		1

TABLE IX

Gives details of the number of deaths from certain selected causes during past 5 years.

	1959	1958	1957	1956	1955
Tuberculosis, all sites	0	0	0	0	0
Bronchitis and pneumonia	2	3	3	6	2
Other notifiable infectious diseases	0	0	0	0	0
Road accidents	0	1	2	1	4
Pregnancy, abortion and childbirth	0	0	0	0	0
Cancer of the lung	3	1	1	4	1
Cancer, other sites	4	7	1	6	8

### INFECTIOUS DISEASES

It is debatable whether the number of notifications is accurate, especially those figures for measles, and there would appear to be, in my opinion, grounds for revising the number of notifiable diseases.

With the development of modern antibiotics, diseases such as scarlet fever, pneumonia and measles to name but three have lost much of their importance.

Similarly, it has been suggested that Rubella, Mumps and Chickenpox should be added to the list. There is no doubt that Rubella can be harmful to the foetus if contacted by the mother during pregnancy. It would appear that it might be justifiable to allow young girls to contract the disease before marriage, so that they develop an immunity. Mumps can in rare cases present complications, and the only danger with regard to chickenpox is that it can be confused with smallpox. Where the situation arises, chickenpox is made notifiable. Notification would best serve its purpose if it were strictly limited to those diseases where practical preventive measures to protect the health of the community could be applied.







TABLE X

Gives details of the Notification of infectious diseases in 1959 by ages.

Disease	Under 1 yr	1/ 5	5/ 10	10/ 15	15/ 25	25/ 45	45/ 65	65+	Total
Tuberculosis, all sites					1	1			2
Scarlet Fever		3	5	3					11
Pneumonia			1						1
Food Poisoning			1			1	1		3
Measles	6	51	98	5		1			161
Total									178

One of the three cases of Food Poisoning was notified from Addenbrookes Hospital. Investigations failed to reveal the source in the other two cases.

TABLE XI

Infectious diseases notified during the past 5 years.

Disease	1959	1958	1957	1956	1955	Total
Tuberculosis all sites	2	1	1	2	0	6
Cerebrospinal Fever						
Scarlet Fever	11	1	1	4	1	18
Whooping cough	0	0	4	2	2	8
Erysipelas						
Ophthalmia Neonatorum						
Dysentery						
Measles	161	2	26	3	1	193
Paralytic Polio	0	0	0	0	1	1
Pneumonia	1	3	0	4	2	10
Food poisoning	3	0	0	0	2	5
Infective Hepatitis	0	0	0	0	0	0
Puerperal Pyrexia	0	0	0	0	1	1
Totals	178	7	32	15	10	242

TABLE XII

Infectious diseases in 1959 by months of notification

	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Tuberculosis, all sites			2										2
Scarlet Fever	2	1			3		2		1	2			11
Pneumonia			1										1
Food poisoning					2						1		3
Measles		1	2			16	137	5					161
Total													178

There was an outbreak of measles which lasted for about three weeks in the summer.

## SWAFFHAM URBAN DISTRICT COUNCIL

### PUBLIC HEALTH INSECTOR'S REPORT FOR YEAR, 1959

Mr. Chairman, Ladies and Gentlemen,

My report for 1959 will follow the lines of the previous report, with comment only when circumstances have changed sufficiently to justify this.

#### HOUSING AND SLUM CLEARANCE

For the first time since 1956 it is possible to record progress on house building by the Council, for, in the latter months of the year, contracts were drawn up for the building of 22 bungalows at Coronation Grove, with the possibility of a further small scheme to replace the Pleasant Row Clearance Area. There was also an encouraging increase in the number of houses built by private enterprise which was aided by the Council's policy of a generous attitude to all applications for loans for this purpose. Furthermore, it should be recorded that the Council for the first time purchased building land and provided sites and services for seven private dwellings. In view of the trend towards relatively sharp increases in land values, it might be policy for the Council to consider further work in this field of development.

Parallel with this line of housing progress, a steady increase was maintained in the application of grant aid towards the cost of providing modern amenities for the older but sound type of property. Every genuine application was approved by the Council, and, as a result, there is a marked trend away from the conception of all housing accommodation being of necessity in the hands of a small group of landlords, and already there is a new class of owner-occupiers growing up within the community.

In addition to several individual houses, small groups of sub-standard houses were demolished in Watton Road and Tumbler Hill, and in every case the tenants of such houses were re-housed by the Council.

#### CARAVANS

The only sites used for residential caravans were well maintained, but if and when the new Model Standards are applied, difficulties will be experienced since the density and lay-out of one or two sites fall very short of these standards.

#### PUBLIC CLEANSING

There is nothing to add to my report of last year, for happily this service still functions with very few complaints.

#### SEWERAGE AND SEWAGE DISPOSAL

Minor flooding increased due to the surcharging of the sewer serving the northern part of the town. Fortunately this nuisance does not directly affect any properties, but it is nevertheless a serious matter, and one which must be faced up to in the near future. The whole question is involved with the problem of a new trunk sewer and a modern sewage works, and it would perhaps be well to mention that this matter is now in the hands of the Council's consulting engineers.



## PUBLIC HEALTH INSPECTOR'S REPORT FOR YEAR 1959

### SEWERAGE AND SEWAGE DISPOSAL (contd)

Throughout the year, however, the sewage disposal works successfully coped with an ever increasing flow of domestic and trade effluent. Improvements made during the previous years stood the town in good stead, and it was possible to rest part of the works for much of the year. Considering the fact that this land has been in use as a sewage disposal works since 1870, one is tempted to think that disposal of effluent over land isn't perhaps as primitive as some technicians would have us believe, for it has yet to be proved that any form of pollution can be traced to these works.

### WATER SUPPLY

In June of this year, a booster pump was installed with very good results. Pressure in all parts of the town was immediately improved - in some properties by as much as 30 feet head. It is safe to say that in any instance of inadequate pressure during the hours when the booster pump is in operation, the fault is in the service to the property.

Consumption of water rose sharply during the latter half of the year, and on many occasions 150,000 gallons were pumped during the day as compared with the previous average of 90,000 gallons per day.

Routine samples of water were tested by the Public Health Laboratory, Service with the usual reassuring results.

### RODENT CONTROL

The number of calls for assistance from the public continues to increase, but unfortunately the rat population curve seems to follow the same trend. The Council is a model property owner in that all its various lands and properties are systematically treated by the rodent operators, as our workmen are termed when doing this work.

### FOOD INSPECTION

The same fruitful co-operation exists as in previous years between our local food retailers and this office. Small improvements are unobtrusively carried out as and when the need becomes apparent, and the only measure of our success is that no local cases of food poisoning occurred during the year.

### MEAT INSPECTION

The Table following this report tells its own story of the progressing increase in this service. The incidence of bovine tuberculosis continues to decline, and there is every indication that cases of this disease will be few in the very near future. Nine cases of cysticercus bovis were recorded during the year.

A thorough review of the existing slaughterhouses was carried out during the latter part of the year, as a preliminary to the submission of the report called for by the Minister by November, 1960.

PUBLIC HEALTH INSPECTOR'S REPORT FOR YEAR 1959

Carcases Inspected and Condemned

Item	Description	Cattle	Calves	Sheep and Lambs	Pigs.	Total
1.	Number killed and inspected	6306	32	10733	10293	27364
2.	<u>All diseases except Tuberculosis</u>					
	Whole carcasses condemned	5	1	5	1	12
3.	Carcasses of which some part or organ was condemned	2375	1	1130	1342	5348
4.	Percentage of the number inspected affected with a disease other than Tuberculosis ignoring broken legs or tissues defective from fighting, fences, etc.	45	6	10	13	19
5.	<u>Tuberculosis only</u>					
	Whole carcasses condemned	9	-	-	1	10
6.	Carcasses of which some part or organ was condemned (taking into account that the offal, head and tongue etc. may be parts of one animal)	442	-	-	105	547
7.	Percentage of the number inspected affected with Tuberculosis	7	-	-	1	2
8.	Average number of animals slaughtered per week	121	1	206	198	526
9.	Percentage examined by the Meat Inspector	100	100	100	100	100

PUBLIC HEALTH INSPECTOR'S REPORT FOR YEAR 1959

PUBLIC HEALTH INSPECTION OF THE AREA

Item	Description	Inspections	Notices served.	Nuisances abated or pending
1.	Factories and Workshops	14	-	-
2.	Bakehouses, Foodshops Market and Abattoir	559	-	-
3.	Housing Defects (Housing Act 1936)	31	7	7
4.	Middens, Ashpits and Bins (Public Health Act, 1936)	8	8	8
5.	Infectious diseases	2	-	-
6.	Dangerous buildings	3	3	3
7.	Rodent Control (Pests Act 1949)	21	-	-
8.	Tents, Vans, Sheds, etc.	7	-	-
9.	Water Supply	9	-	-
10.	Drains, Cesspools, Vaults Toilets and Water Closets and Drainage of Premises	57	5	5
11.	Ice Cream and Milk	8	-	-
	TOTAL	719	23	23

NOTE:-

Council house inspections are not included in this Table, and though meat inspection calls for two or three visits per day to the same slaughterhouse, this is recorded as a single inspection in the summary.

I have the honour to be,  
Ladies and Gentlemen,  
Your obedient Servant,

JOHN MILES,

Public Health Inspector.